

# OST



## TRAVEL PAY BRIEF

# Personnel Policy Guidance (PPG)

Chapter 8, para 8-3 p. (3)

“Soldiers ordered to active duty at a CONUS location outside the local commuting area of their principal residence, are entitled to travel pay from the principal residence to the duty station and then back to the principal residence upon completion of the active duty tour. These soldiers are also authorized per diem during the entire period of active duty. Per diem will be reduced when government quarters and mess are available.”

# Personnel Policy Guidance (PPG)

Chapter 8, para 8-3 p. (4)

“RC Soldiers ordered to duty at a location within the local commuting area of their principal residence are entitled to travel pay to their duty station on the first day, and from the duty station to their residence upon release from active duty on the last day. They **are not authorized** per diem or mileage during the remainder of the active duty tour.”

# Top 10 Reasons For Problem Vouchers

- ✓ **Missing Traveler/Reviewer/Approving Official Signatures/Dates**
- ✓ **Missing Orders**
- ✓ **Missing Receipts/ Invalid Receipts**
- ✓ **Meals not Identified When Claiming Registration Fees**
- ✓ **Expenses Claimed but not Authorized in Orders**
- ✓ **Block for Mileage not checked/ Owner Operator not Claimed**
- ✓ **Incomplete Itinerary**
- ✓ **Traveler does not submit/Reviewer does not forward voucher within 5 business days of completion of travel**
- ✓ **ATM Expenses not Separated**

# FILLING OUT YOUR DD 1351-2



# TRAVEL VOUCHER

## DD1351-2

|  |  |  |                 |   |   |  |
|--|--|--|-----------------|---|---|--|
| <b>TRAVEL VOUCHER OR SUBVOUCHER</b>  |  | <p style="margin: 0;">Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.</p> |                 |   |   |  |
| <b>1. PAYMENT</b><br><input checked="" type="checkbox"/> Electronic Fund Transfer (EFT)<br><input type="checkbox"/> Payment by Check | <b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.<br><input checked="" type="checkbox"/> Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ <b>\$\$\$\$</b> |  |                 |   |   |  |
| <b>2. NAME (Last, First, Middle Initial) (Print or type)</b>   |  | <b>3. GRADE</b>  | <b>4. SSN</b>   |   | <b>5. TYPE OF PAYMENT (X as applicable)</b>   |  |
| <b>6. ADDRESS: a. NUMBER AND STREET</b>  |  | <b>b. CITY</b>   | <b>c. STATE</b> | <b>d. ZIP CODE</b>                              | <input type="checkbox"/> TDY<br><input type="checkbox"/> PCS<br><input type="checkbox"/> Dependent(s) | <input type="checkbox"/> Member/Employee<br><input type="checkbox"/> Other<br><input type="checkbox"/> DIA |
| <b>e. E-MAIL ADDRESS</b>   |  |  |                 |   |   | <b>10. FOR D.O. USE ONLY</b>   |
| <b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>   |  | <b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>  |                 | <b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> |   | <b>a. D.O. VOUCHER NUMBER</b><br><br><b>b. SUBVOUCHER NUMBER</b>   |
| <b>11. ORGANIZATION AND STATION</b>  |  |  |                 |   |   | <small>12. PERTINENT ADDRESS ON READING OF PAYMENT BY</small>  |

### ➤ Block 1 (Payment):

#### ➤ EFT MANDATORY

#### ➤ SPLIT DISBURSEMENT:

- Amount indicated is paid directly to Bank of America account
- Any or all can be sent to BOA
- Must indicate "ALL" or specific dollar amount

# SPLIT DISBURSEMENT

Avoid  
Late  
Payments!

Fast  
and  
Reliable!

- ✓ Department of Army has directed mandatory split payments for all military
- ✓ (EFT) payments only--not check payments
- ✓ Any portion or all of the travel payment can be sent to Bank of America charge card account
- ✓ Reviewing Official and Traveler determine Amount to be sent to BOA
- ✓ Any Voucher not having a check in Block 1 will not be processed. DFAS will attempt to call and resolve within 48 hours.

# TRAVEL VOUCHER

## DD1351-2

|   |  |  |   |  |  |   |
|---|--|--|---|--|--|---|
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| <b>2. NAME (Last, First, Middle Initial) (Print or type)</b><br><b>Paid, Ivana B.</b>                                     |  | <b>3. GRADE</b><br><b>SPC/E-4</b>  | <b>4. SSN</b><br><b>123-45-6789</b>             | <b>5. TYPE OF PAYMENT (X as applicable)</b><br><input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee<br><input type="checkbox"/> PCS <input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA |  |   |
| <b>6. ADDRESS: a. NUMBER AND STREET</b><br><b>P.O. BOX 123</b>  |  | <b>b. CITY</b><br><b>FORT DIX</b>  | <b>c. STATE</b><br><b>NJ</b>                    | <b>d. ZIP CODE</b><br><b>08640</b>   | <b>10. FOR D.O. USE ONLY</b><br><b>a. D.O. VOUCHER NUMBER</b><br><br><b>b. SUBVOUCHER NUMBER</b> |   |
| <b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>  | <b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>  |  | <b>9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> |  |  | <b>12. DEPENDENT'S ADDRESS ON RECONCILEMENT</b><br><br><b>13. SIGNATURE</b> |
| <b>11. ORGANIZATION AND STATION</b>   |  |  |   |  |  |   |

➤ **Block 2, 3, & 4: Self-explanatory**

**(Blocks 2 - 4: Compare with orders, if orders are incorrect, you must correct & initial orders)**

➤ **Block 5: TDY, Member, & Other**

➤ **Block 6:**

- **Column a - d:** Indicate PERSONAL mailing address; this is where correspondence will be sent in case there is a problem with your paperwork
- **Column e:** valid e-mail address

# TRAVEL VOUCHER

## DD1351-2

|  |   |                              |  |   |                        |         |        |
|--|---|------------------------------|--|---|------------------------|---------|--------|
| e. E-MAIL ADDRESS<br><b>IVAN.B.PAID@US.ARMY.MIL</b>            | f. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES<br><b>NONE or \$\$\$\$\$\$</b> |                              |  | 10. FOR D.O. USE ONLY   |                        |         |        |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE<br><b>609-562-1234</b> | 8. TRAVEL ORDER/AUTHORIZATION NUMBER<br><b>12-456-07</b>                |                              |  |   | a. D.O. VOUCHER NUMBER |         |        |
| 11. ORGANIZATION AND STATION                                   |   |                              |  | b. SUBVOUCHER NUMBER  |                        |         |        |
| 12. DEPENDENT(S) (X and complete as applicable)                |   |                              |  | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) |                        |         |        |
| ACCOMPANIED  | UNACCOMPANIED   |                              |  | d. PAID BY  |                        |         |        |
| e. NAME (Last, First, Middle Initial)                          | f. RELATIONSHIP   | c. DATE OF BIRTH OR MARRIAGE |  |   | d. COMPUTATIONS        |         |        |
|  |   |                              |  |   |                        |         |        |
|  |   |                              |  |   |                        |         |        |
|  |   |                              |  |   |                        |         |        |
| 15. ITINERARY  |   |                              |  | c. MEANS/   | d. REASON              | e. DOV# | f. ddt |
|  |   |                              |  |   |                        |         |        |

- Block 7: DAYTIME telephone #
- Block 8: Travel Order #, see block 22 of Orders
- Block 9:
  - List ALL payments made for this TO# by any Finance Office for advances/accruals/previous settlements
  - Indicate Amount paid, Date paid, & DOV#
  - Do NOT list ATM advances/withdrawals
- Block 10: Leave blank

# TRAVEL VOUCHER

## DD1351-2

|   |               |  |  |  |               |   |         |  |  |
|---|---------------|--|--|--|---------------|---|---------|--|--|
| e. E-MAIL ADDRESS   |               |  |  | 10. FOR D.O. USE ONLY                    |               |   |         |  |  |
| 7. DAYTIME TELEPHONE NUMBER & AREA CODE<br><b>609-562-1234</b>  |               | 8. TRAVEL ORDER/AUTHORIZATION NUMBER<br><b>12-456-07</b> |  | 9. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES |               | a. D.O. VOUCHER NUMBER  |         |  |  |
| 11. ORGANIZATION AND STATION<br><b>72<sup>nd</sup> FA, FORT DIX, NJ</b>   |               |  |  | <b>NONE or \$\$\$\$.</b>                 |               |   |         |  |  |
| 12. DEPENDENT(S) (X and complete as applicable)<br><table border="1" style="width: 100%;"><tr><td style="width: 50%;">ACCOMPANIED</td><td style="width: 50%;">UNACCOMPANIED</td></tr></table> |               |  |  | ACCOMPANIED                              | UNACCOMPANIED | 13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) |         |  |  |
| ACCOMPANIED   | UNACCOMPANIED |  |  |  |               |   |         |  |  |
| b. NAME (Last, First, Middle Initial)   |               | b. RELATIONSHIP  |  | c. DATE OF BIRTH OR MARRIAGE             |               | d. PAID BY  |         |  |  |
|   |               |  |  |  |               |   |         |  |  |
|   |               |  |  |  |               |   |         |  |  |
|   |               |  |  |  |               |   |         |  |  |
| 14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)  |               |  |  | d. COMPUTATIONS                          |               |   |         |  |  |
| YES   |               | <input type="checkbox"/>                                 |  | NO (Explain in Remarks)                  |               |   |         |  |  |
| 15. ITINERARY   |               |  |  | c. MEANS/                                | d. REASON     | e. LOADING  | f. ARR. |  |  |
| DATE  |               |  |  |  |               |   |         |  |  |

- **Block 11 (Organization & station): Unit of Assignment (Permanent)**
- **Block 12 & 13 & 14: Leave Blank; for PCS travel only**

# TRAVEL VOUCHER

## DD1351-2

|                           |   |   |    | YES                            | NO (EXPENSE IN REMARKS)  |                              |                              |
|---------------------------|---|---|----|--------------------------------|--------------------------|------------------------------|------------------------------|
| 16. ITINERARY             |   |   |    | C. MEANS/<br>MODE OF<br>TRAVEL | D. REASON<br>FOR<br>STOP | E.<br>Lodging<br>Cost        | F.<br>POC<br>MILES           |
| b. DATE<br><b>2005</b>    | b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) |   |    |                                |                          |                              |                              |
| 22 Jan DEP                | 509 Any street, Anytown, SC 29210 (HORR)  |   |    |                                |                          |                              |                              |
| 22 Jan ARR                | B CO 1/109 IN, Williamsport, PA 17701   |   | TD |                                |                          |                              |                              |
| 25 Jan DEP                | (Home Station)  |   | GB |                                |                          |                              |                              |
| 25 Jan ARR                | Ft Dix, NJ 08640 (Mob Station)  |   | TD |                                |                          |                              |                              |
| 26 Jan DEP                |   |   | GP |                                |                          |                              |                              |
| 30 May ARR                | IRAQ - OIF operations   |   | TD |                                |                          |                              |                              |
| 10 Feb DEP                | Change Year 2005 to 2006  |   | CP |                                |                          |                              |                              |
| 11 Feb ARR                | R & R leave (DA 31 Attached)  |   | IV |                                |                          |                              |                              |
| 27 Feb DEP                |   |   | CP |                                |                          |                              |                              |
| 28 Feb ARR                | IRAQ - OIF operations   |   | TD |                                |                          |                              |                              |
| 11 Jun DEP                |   |   | GP |                                |                          |                              |                              |
| 11 Jun ARR                | Ft Dix, NJ 08640 (Demob Station)  |   | TD |                                |                          |                              | (a) SUMMARY OF PAYMENT       |
| 14 Jun DEP                |   |   | GP |                                |                          |                              | (1) Per Diem                 |
| 14 Jun ARR                | B CO 1/109 IN, Williamsport, PA 17701   |   | TD |                                |                          |                              | (2) Actual Expense Allowance |
| 16. POC TRAVEL (X ONE)    |   | 17. CHARTER/RENTAL RATE   |    | 18. DEDUCED                    |                          | 19. REIMBURSEMENT FOR TRAVEL |                              |
|                           |   |   |    |                                |                          | (a) Independent Travel       |                              |
| 18. REIMBURSABLE EXPENSES |   | <p>► Block 15 Column c (mode of travel):</p> <p>► Block 15 Column d (reason for stop):</p> <ul style="list-style-type: none"> <li>• AT = awaiting transportation</li> <li>• AD = authorized delay</li> <li>• LV = leave</li> <li>• TD = TDY</li> <li>• MC = mission complete</li> </ul> |    |                                |                          |                              |                              |

- AT = awaiting transportation

- AD = authorized delay

- LV = leave

- TD = TDY

- MC = mission complete

# TRAVEL VOUCHER

## DD1351-2

| TRAVEL VOUCHER OR SUBVOUCHER<br><i>(Continuation Sheet)</i>   |   |                                 |          |                                |                             | PAGE <b>2</b> OF <b>PAGES</b> |                    |
|---|---|---------------------------------|----------|--------------------------------|-----------------------------|-------------------------------|--------------------|
| <b>4. NAME</b> ( <i>Last, First, Middle Initial</i> ) ( <i>Print or type</i> )<br><b>Paid, Ivana B.</b> |   |                                 |          |                                |                             |                               |                    |
| <b>15. ITINERARY</b>  |   |                                 |          |                                |                             | <b>3. FOR D.O. USE ONLY</b>   |                    |
| a. DATE<br><b>2006</b>  | b. PLACE<br><i>(Home, Office, Base, Activity, City and State; City and Country, etc.)</i> |                                 |          | c. MEANS/<br>MODE OF<br>TRAVEL | d.<br>REASON<br>FOR<br>STOP | e.<br>LODGING<br>COST         | f.<br>POC<br>MILES |
| 16 Jun  | DEP   | B CO 1/109 IN, Williamsport, PA | 1PA01    |                                |                             |                               |                    |
| 16 Jun  | ARR   | 509 Any street, Anytown, SC     | 29210 MC |                                |                             |                               |                    |
|   | DEP   | (HOR)                           |          |                                |                             |                               |                    |
|   | ARR   |                                 |          |                                |                             |                               |                    |
|   | DEP   |                                 |          |                                |                             |                               |                    |
|   | ARR   |                                 |          |                                |                             |                               |                    |
|   | DEP   |                                 |          |                                |                             |                               |                    |
|   | ARR   |                                 |          |                                |                             |                               |                    |
|   | DEP   |                                 |          |                                |                             |                               |                    |

# TRAVEL VOUCHER

## DD1351-2

|                                 |                          |   |   |                            |  |         |                              |  |
|---------------------------------|--------------------------|---|---|----------------------------|--|---------|------------------------------|--|
| ARR                             |                          |   |   |                            |  |         | (1) Per Diem                 |  |
| DEP                             |                          |   |   |                            |  |         | (2) Actual Expense Allowance |  |
| ARR                             |                          |   |   |                            |  |         | (3) Mileage                  |  |
| 16. FOC TRAVEL (X one)          |                          | <input checked="" type="checkbox"/> OWN/OPERATE | <input checked="" type="checkbox"/> PASSENGER | 17. DURATION OF TDY TRAVEL |  |         | (4) Dependent Travel         |  |
| 18. REIMBURSABLE EXPENSES       |                          |   |   |                            | 12 HOURS OR LESS<br>MORE THAN 12 HOURS<br>BUT 24 HOURS OR LESS<br>MORE THAN 24 HOURS | (5) DLA |                              |  |
| a. DATE                         | b. NATURE OF EXPENSE     | c. AMOUNT                                       | d. ALLOWED                                    | (6) Reimbursable Expenses  |  |         |                              |  |
| 30 May 05                       | LAUNDRY (\$2 x 129 DAYS) | \$ 258.00                                       |   | (7) Total 0.00             |  |         |                              |  |
| 22 Jan 05 - 30 May 05           |                          |   |   | (8) Less Advance           |  |         |                              |  |
| 30 May 05                       | M&IE \$3 x 129 Days      | \$ 387.00                                       |   | (9) Amount Owed 0.00       |  |         |                              |  |
| 15 Jun 06                       | LAUNDRY (\$2 x 5 DAYS)   | \$ 10.00  |   | (10) Amount Due            |  |         |                              |  |
| 19. GOVERNMENT/DEDUCTIBLE MEALS |                          |   |   |                            |  |         |                              |  |
| 15 Jun 06                       | 11 Jun 06 - 15 Jun 06    | \$ 15.00  |   | a. DATE                    | b. NO. OF MEALS  | a. DATE | b. NO. OF MEALS              |  |
| 10 Jun 06                       | M&IE \$3.50 x 359 Days   | \$ 1256.50                                      |   |                            |  |         |                              |  |
| 20. a. CLAIMANT SIGNATURE       |                          | b. DATE   | c. SUPERVISOR SIGNATURE                       |                            |  | d. DATE |                              |  |

➤ **Block 18 (Reimbursable expenses):**

- Column a: date expense occurred
  - Column b: type expense, e.g. hotel taxes, tolls
  - Column c: amount of expense
- More than 24

# **REIMBURSABLE EXPENSES**

Must  
Be  
Authorized!

**ATM Fees:** Service members that

- 1) do not have a government charge card and
  - 2) use their personal card can be reimbursed any fees for making a withdrawal for travel.
- 

**Room Taxes:** If travel occurred CONUS, room taxes should be claimed in Block 18 (separately from lodging expense). If OCONUS, do not separate expense.

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# TRAVEL VOUCHER

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|                                   |  |                         |                                       |                  |
|-----------------------------------|--|-------------------------|---------------------------------------|------------------|
|                                   |  |                         | MORE THAN 24 HOURS<br>(10) Amount Due |                  |
| 19. GOVERNMENT/DEDUCTIBLE MEALS   |  |                         |                                       |                  |
|                                   | a. DATE                                      | b. NO. OF MEALS         | a. DATE                               | b. NO. OF MEALS  |
|                                   |  |                         |                                       |                  |
|                                   |  |                         |                                       |                  |
|                                   |  |                         |                                       |                  |
| 20.a. CLAIMANT SIGNATURE          | b. DATE                                      | c. SUPERVISOR SIGNATURE | d. DATE                               |                  |
| <b>Ivana B. Paid</b>              | <b>17 Jun 06</b>                             | <b>I.M. Charge</b>      | <b>17 Jun 2006</b>                    |                  |
| 21.a. APPROVING OFFICER SIGNATURE | U. B. Bossman, MAJ, USA <b>U. B. Bossman</b> |                         |                                       | b. DATE          |
|                                   |  |                         |                                       | <b>17 Jun 06</b> |
| 22. ACCOUNTING CLASSIFICATION     |  |                         |                                       |                  |

➤ **Block 21 Column a (Approving officer)**

➤ **Block 20:**

- **Column a: Traveler's signature**
- **Column b: Date (cannot be signed & dated prior to last day of travel)**
- **Column c: Supervisor's signature (must be signed by "reviewer" - see reviewer's checklist)**
- **Column d: Date signed (cannot be signed & dated prior to last day of travel)**

# TRAVEL VOUCHER

## DD1351-2

### PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and to the Office of Personnel Management for "Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of payment.

### PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (Title 18, United States Code, Sections 287 and 1001 and Title 31, Section 3729).

### INSTRUCTIONS

#### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predominated account. For

#### ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL /  
GTR/TKT or CBA (See Note)  
Government Transportation

### 29. REMARKS

#### a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

- 1. Leave taken (11 Feb 06-27 Feb 06) DA 31 included.**
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

### ►Remarks:

- Indicate all leave taken
- Travel related issues
- straightforward on form
- Use to clarify anything out of the ordinary

# Did You Know??



- Allows customer electronic access to:
  - **LES View/Print**
  - **Travel Voucher View**
  - **DFAS Vouchers Paid Within Last 6 Months**

<http://mypay.dfas.mil/>

TRAVEL PAY SERVICES  
IVRS

**1-800-332-7366 or DSN: 699**

- Allows traveler to check (for past 90 days):
  - **Receipt of voucher**
  - **Payment of voucher**

# Did You Know??



- › Requirement for all soldiers;  
sign-up at <http://www.U.S.Army.Mil>
- › Automatically Sends Email to:
  - › Notify Traveler When Voucher is Received by Servicing DFAS
  - › Notify Traveler When Payment is Disbursed and the Amount
- › Provide Contact Information to Traveler for Servicing DFAS



Q DNS ?

